

MCCA, Inc. 38 Old Ridgebury Road Danbury, CT 06810

Tel: 203-792-4515

Fax: 203-748-2604 Administration 203-748-2632 Other Programs E-mail: hope@mccaonline.com

October 5, 2005

Ms. Cristine A. Vogel Commissioner State of Connecticut Office of Health Care Access 410 Capitol Avenue Hartford, Connecticut 06106 OCT -5 PM 3: 5:

Dear Commissioner Vogel:

Please accept this as a letter of intent from MCCA indicating our intent to close our Middlebury office at 20 Woodside Avenue within the next 45 or 60 days depending on your requirements. Please have your staff forward to me appropriate forms, as necessary, to be completed.

We are currently working on discharge/transfer plans for the 34 clients currently being serviced by that office. We have also directed staff to accept no further referrals but to direct those clients to either our other locations or to other services in the Waterbury area. Of the 34 clients currently serviced a number of them would normally complete treatment during the next 45 to 60 days, but those that are not scheduled for completion will have adequate continuing care secured.

Thank you for your consideration.

Joseph J. Sullivan, LCSW

President

JJS:hco

c: Commissioner Thomas A. Kirk, Jr., Ph.D.

Sue Tharnish

Lauren Siembab



MCCA, Inc. 38 Old Ridgebury Road Danbury, CT 06810

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October 10, 2005

Commissioner of the Office of Health Care Access MS#13HCA PO Box 340308 Hartford, Connecticut 06134-0308

Re: MCCA/Middlebury - Closure

Dear Commissioner:

Enclosed is our Letter of Intent/Waiver Form (Form 2030). We have 34 clients currently being serviced. Of those approximately 10 or 12 will either have completed their treatment by mid-November or will be transferred to one of MCCA's other programs. The remaining clients will be referred to agencies in the greater Waterbury area. The details of this can be supplied, if necessary.

, DIROCIOIY,

Joseph J. Sullivan, LCSW

President

JJS:hco Enclosure



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

2005 OCT 12 FM

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Midwestern Connecticut Council on Alcoholism. Inc.	
Doing Business As	MCCA	
Name of Parent Corporation	NA	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	38 Old Ridgebury Road Danbury, CT 06810	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Joseph J. Sullivan, President	
Contact person's street mailing address	38 Old Ridgebury Road Danbury, CT 06810	
Contact person's phone #, fax # and e-mail address	(203) 792-4515/(203) 748-2604 isullivan@mccaonline.com	

SECTION II. GENERAL APPLICATION INFORMATION

a.		Proposal/Project Title: MCC.	A/Middlebury - closure				
b.		Type of Proposal, please che	eck all that apply:				
	Ø	Change in Facility (F), Service C.G.S.:	ce (S) or Function (Fnc) p	oursuant to Section 19a-638,			
		□ New (F, S, Fnc) [Replacement	☐ Additional (F, S, Fnc)			
		☐ Expansion (F, S, Fnc)	Relocation	✓ Service Termination			
		☐ Bed Addition` [Bed Reduction	☐ Change in Ownership/Control			
		Capital Expenditure/Cost, pu	rsuant to Section 19a-63	9, C.G.S.:			
		☐ Project expenditure/co	ost cost greater than \$ 1,0	000,000			
		☐ Equipment Acquisition	n greater than \$ 400,000				
		☐ New	☐ Replacemen	t Major Medical			
		☐ Imaging	☐ Linear Accel	erator			
		Change in ownership or cont capital expenditure over \$1,0	trol, pursuant to Section 1 000,000	19a-639 C.G.S., resulting in a			
C.		Location of proposal (Town including street address):					
		20 Woodside Avenue, Unit A, Mid	ddlebury				
d.		List all the municipalities this	project is intended to se	rve:			
		Woodbury, Southbury, Middlebury					
e.		Estimated starting date for the	ne project: _ ^{close by 11/18/2}	2005			

f. Type of project: 18 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Туре	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
NA	NA	NA	NA	NA

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure:
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$0.00	
Medical Equipment (Purchase)	\$0.00	
Imaging Equipment (Purchase)	\$0.00	
Non-Medical Equipment (Purchase)	\$0.00	
Sales Tax	\$0.00	***************************************
Delivery & Installation	\$0.00	***************************************
Total Capital Expenditure	\$0.00	
Fair Market Value of Leased Equipment	\$0.00	***********
Total Capital Cost	\$0.00	***************************************

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
NA		-		

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding	g source (more than one car	n be checked): NA
☐ Applicant's Equity	☐ Lease Financing	☐ Conventional Loan
☐ Charitable Contributions	☐ CHEFA Financing	☐ Grant Funding
☐ Funded Depreciation	☐ Other (specify):	

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- 3. Who is the current population served and who is the target population to be served?
- 4. Identify any unmet need and how this project will fulfill that need.
- 5. Are there any similar existing service providers in the proposed geographic area?
- 6. What is the effect of this project on the health care delivery system in the State of Connecticut?
- 7. Who will be responsible for providing the service?
- 8. Who are the payers of this service?

SECTION IV. PROJECT DESCRIPTION

- 1) MCCA/Middlebury currently provides outpatient and day and evening treatment for substance abusive or dependent persons (Department of Public Health License 0264) and a multi-service psychiatric outpatient clinic for adults (Department of Public Health License 0330).
- 2) It is MCCA's intent to terminate services at its Middlebury location. No DPH licensure categories will be sought.
- 3) The current population served is adult males and females with chemical dependency and/or co-occurring disorders. There will be no target population.
- 4) NA
- 5) There are similar existing service providers in the proposed geographic area such as Morris Foundation.
- 6) The effect of this project on the health care delivery system in the State of Connecticut will be minimal.
- 7) NA
- 8) NA

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

This request is for Replacement Equipment.

The origin	al equipment was	authorized by	the Commission	/OHCA in Docket
Number:		•		

The cost of the equipment is not to exceed \$2,000,000.

The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Midwestern Connecticut Council on Alcoholism, Inc. (MCCA)
Project Title: MCCA/Middlebury - closure
I, Joseph J. Sullivan, LCSW President (Name) (Position – CEO or CFO) of MCCA being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that MCCA/Middlebury complies with the appropriate and (Facility Name)
(Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.
Signature Date
Subscribed and sworn to before me on 10/10/2005 Notary Public/Commissioner of Superior Court
MY COMMISSION EXPIRES My commission expires: JULY 31, 2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

- 1. Cardiac Services
- 2. Hospice
- 3. Maternity
- 4. Med/ Surg.
- Pediatrics
- 6. Rehabilitation Services
- 7. Transplantation Programs
- 8. Trauma Centers
- 9. Behavioral Health (Psychiatric and Substance Abuse Services)
- 10. Other Inpatient

Outpatient

- 11. Ambulatory Surgery Center
- 12. Birthing Centers
- 13. Oncology Services
- 14. Outpatient Rehabilitation Services
- 15. Paramedics Services
- 16. Primary Care Clinics
- 17. Urgent Care Units
- 18. Behavioral Health (Psychiatric and Substance Amuse Services)
- 19 MR
- 20. CT Scanner
- 21. PET Scanner
- 22. Other Imaging Services
- 23. Lithotripsy
- 24. Mobile Services
- 25. Other Outpatient
- 26. Central Services Facility

Non-Clinical

- 27. Facility Development
- 28. Non-Medical Equipment
- 29. Land and Building Acquisitions
- 30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
- 31. Renovations
- 32. Other Non-Clinical

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0264

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Midwestern Connecticut Council on Alcoholism, Inc. of Danbury, CT, d/b/a MCCA-Middlebury is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

MCCA-Middlebury is located at 20 Woodside Avenue, Unit A, Middlebury, CT 06762 with:

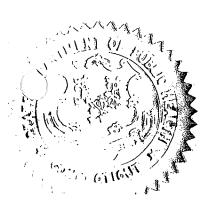
Joseph J. Sullivan, LCSW as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Outpatient Treatment
Day and Evening Treatment

This license expires December 31, 2005 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004. RENEWAL.



A Robert Dolvin M.D., M.R.K.

J. Robert Galvin, M.D., M.P.H., Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0330

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Midwestern Connecticut Council on Alcoholism, Inc. of Danbury, CT, d/b/a MCCA-Middlebury is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

MCCA-Middlebury is located at 20 Woodside Avenue, Unit A, Middlebury, CT 06762 with:

Joseph J. Sullivan, LCSW as Executive Director

Joseph J. Sullivan, LCSW as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires December 31, 2005 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004. RENEWAL



J Robert Delvin M.D., M.R.K.

J. Robert Galvin, M.D., M.P.H., Commissioner



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL COMMISSIONER

October 20, 2005

Mr. Joseph Sullivan
President
Midwestern Connecticut Council on Alcoholism, Inc.
38 Old Ridgebury Road
Danbury, CT 06810

Re:

Letter of Intent, Docket Number 05-30605

Midwestern Connecticut Council on Alcoholism, Inc.

Closure of MCCA/Middlebury Notice of Letter of Intent

Dear Mr. Sullivan:

On October 12, 2005, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Midwestern Connecticut Council on Alcoholism, Inc. ("Applicant") for the Closure of MCCA in Middlebury, Connecticut at a total capital expenditure of \$0.

A notice to the public regarding OHCA's receipt of a LOI was published in the *Waterbury American Republican* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone

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Certificate of Need Supervisor

KRM:PF:dpd